

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 002656	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/27/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE GRANGER		STREET ADDRESS, CITY, STATE, ZIP CODE 430 CLEVELAND RD GRANGER, IN 46530		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint # IN00174751.</p> <p>Complaint # IN00174751- Substantiated with no deficiencies cited.</p> <p>Survey dates: June 26 and 27, 2015.</p> <p>Facility number: 002656 Provider number: 002656 Aim number: N/A</p> <p>Census bed type: Residential: 50 Total: 50</p> <p>Sample: 3</p> <p>Brookdale of Granger was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint # IN00174751.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE